

READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 14: 18 July 2017

Transplant Center: Emergency Plan

The transplant centers must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the transplant centers have the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the transplant center's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

"This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned..."

- Federal Register, 9/16/2016

Transplant Centers: Policies and Procedures

The transplant center must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

1. A system to track the location of on-duty staff and sheltered clients in the transplant center's care during and after an emergency. If on-duty staff and sheltered clients are relocated during the emergency, the transplant center must document the specific name and location of the receiving facility or other location.
2. Safe evacuation from the transplant center which includes consideration of care and treatment needs of evacuees; staff responsibilities; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

In This Issue

- Transplant Center Special Edition

Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>

Transplant Center: Policies and Procedures

cont.

4. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
5. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during and emergency.
6. The development of arrangements with other transplant center's or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to transplant center clients.
7. The role of the transplant center under a waiver declared by the US Secretary of Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials

Transplant Center: Communication Plan

The transplant center must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

1. Names and contact information for the following:
 - Staff
 - Entities providing services under arrangement
 - clients' physicians
 - Other transplant centers
 - Volunteers
2. Contact information for the following:
 - Federal, State, tribal, regional or local emergency preparedness staff
 - Other sources of assistance
3. Primary and alternate means for communicating with the following:
 - Transplant Center's staff
 - Federal, State, tribal, regional, or local emergency management agencies
4. A method for sharing information and medical documentation for clients under the transplant center's care, as necessary, with other health care providers to maintain the continuity of care.
5. A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(4).
6. A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4).
7. A means of providing information about the transplant center's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Transplant Center: Training and Testing

The transplant center must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually.

1. Training program—The transplant center must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The transplant center must demonstrate staff knowledge of emergency procedures.. Thereafter, the transplant center must provide emergency preparedness training at least annually.
2. Testing. The transplant center must conduct exercises to test the emergency plan at least annually. The transplant center must:
 - A. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the transplant center experiences an actual natural or manmade emergency that required activation of the emergency plan, the transplant center is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual

Transplant Center: Training and Testing cont.

Designed to challenge an emergency plan.

- iii. Analyze the transplant center's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the transplant center's emergency plan, as needed.

Integrated Healthcare Systems

If a transplant center is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the transplant center may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- A. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- B. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- C. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- D. Include a unified and integrated emergency plan that meets the requirements above. The unified and integrated emergency plan must also be based on and include all of the following:
 - i. A documented community-based risk assessment, utilizing an all-hazards approach.
 - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- E. Include integrated policies and procedures that meet the requirements set forth above, a coordinated communication plan and training and testing programs that meet the requirements above.

Transplant Center Highlights

Emergency Plan

The transplant center must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the transplant center has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the transplant center's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Policies and Procedures

The transplant center must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually.

Communication Plan

The transplant center must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.

Training and Testing

The transplant center must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually. The transplant center must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

Special Requirement for Transplant Centers: Conditions of Participation

Unless specified otherwise, the conditions of participation apply to heart, heart-lung, intestine, kidney, liver, lung, and pancreas centers.

A transplant center must be included in the emergency preparedness planning in the emergency preparedness program as set forth in, Conditions of Participation for hospitals, for the hospital in which it is located. However, a transplant center is not individually responsible for the emergency preparedness requirements set forth in the conditions of participation for hospitals.

Protocols with hospital and Organ Procurement Organization (OPO). A transplant center must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the transplant center, the hospital in which the transplant center is operated, and the OPO designated by the Secretary, unless the hospital has an approved waiver to work with another OPO, during an emergency.

For further detailed information please review Part 482—Conditions of Participation for Hospitals.

Save the Date:

Emergency Preparedness Compliance Workshop
August 10th, 2017, 8am-3:30pm, Newton, KS
Contact: LeadingAge Kansas, (800) 264-5242
Program Overview—Segment 1: Emergency Preparedness Concepts and Compliance; Segment 2: Tabletop Exercise (TTX)



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